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Bib Data Sheet

CONFIRMATION NO. 3994

|  |  |                     |                                   |   |
|--|--|---------------------|-----------------------------------|---|
| <b>SERIAL<br/>NUMBER</b><br>10/725,482 | <b>FILING OR 371<br/>(c) DATE</b><br>12/03/2003<br><b>RULE</b> | <b>CLASS</b><br>602 | <b>GROUP ART<br/>UNIT</b><br>3772 | <b>ATTORNEY<br/>DOCKET</b><br>SIGU3009/JE |
|--|--|---------------------|-----------------------------------|---|

**APPLICANTS**

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*KW*

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/437,146 12/31/2002 and claims benefit of  
 60/482,775 06/27/2003

and claims benefit of 60/503,546 09/17/2003

and claims benefit of 60/518,317 11/10/2003

*verified km*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*N/A*

**IF REQUIRED, FOREIGN FILING**

**LICENSE GRANTED \*\* 02/27/2004**

|   |  |                                 |                               |                               |
|---|--|---------------------------------|-------------------------------|-------------------------------|
| Foreign Priority<br>claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | <b>STATE<br/>OR<br/>COUNTRY</b><br>ICELAND | <b>SHEETS<br/>DRAWING</b><br>10 | <b>TOTAL<br/>CLAIMS</b><br>20 | <b>INDEPEN<br/>CLAIM</b><br>3 |
| 35 USC 119 (a-d)<br>conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance |  |                                 |                               |                               |
| Verified and<br>Acknowledged  | Examiner's Signature                       | Initials                        |                               |                               |

**ADDRESS**

23364

**TITLE**

Method for producing a wound dressing

|                                       |  |  |
|---------------------------------------|--|--|
| <b>FILING FEE<br/>RECEIVED</b><br>770 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT<br>ACCOUNT | <input type="checkbox"/> All Fees                              |
|                                       |  | <input type="checkbox"/> 1.16 Fees ( Filing )                  |
|                                       |  | <input type="checkbox"/> 1.17 Fees ( Process<br>Ext. of time ) |
|                                       |  | <input type="checkbox"/> 1.18 Fees ( Issue )                   |

|  |                          |                                 |
|--|--------------------------|---------------------------------|
|  | No. _____ for following: | <input type="checkbox"/> Other  |
|  |                          | <input type="checkbox"/> Credit |